**Emmanuel Christian Academy Athletics Release to Travel Home with Parent/Guardian**

Team:_____

Opponent/Location:_____

Date:_____

By signing this document below, I acknowledge that I will transport my child home from the above noted contest. I take sole responsibility for the safety and welfare of my child, and release Emmanuel Christian Academy and any ECA staff (paid or unpaid) of any liability.

| **Student-Athlete** | **Parent's Signature** | **Date** |
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